PETITION FO	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional) 742114-9	
	In re Application of Torben DALGAARD et al.				
		Application Number 10/502,325	ion Number 10/502,325		
	For A BLOOD PRESSURE MEASURING DEVICE WITH A CUFF OF TWO OPENABLE CONCAVE SHELL PARTS				
		Group Art Unit 3736	Examiner		
	quest under the provisions of above identified application	of 37 CFR 1.136(a) to extend the perion.	od for filing a		
	ed extension and appropriate period desired):	te entity fee are as follows			
	One month (37 CFR 1.17	7(a)(1)) - (\$60/\$120)		\$	
	Two months (37 CFR 1.	17(a)(2)) - (\$225/\$450)		\$	
×	Three months (37 CFR 1	.17(a)(3)) - (\$510/\$1020)		\$ <u>1,020.00</u>	
0	Four months (37 CFR 1.	17(a)(4)) - (\$795/\$1590)		\$	
0	Five months (37 CFR 1.1	17(a)(5)) - (\$1080/\$2160)		\$	
☐ Applicant claims small entity status.					
☐ A check to cover the fee is enclosed.					
☐ Payme	☐ Payment by credit card. Form PTO-2038 is attached.				
	☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.				
or cred	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380(742114-9). I have enclosed a duplicate copy of this sheet.				
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the	I am the ☐ applicant/inventor				
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
X	attorney or agent of reco	rd.			
1 -		7 CFR 1.34(a). if acting under 37 CFR 1.34(a)	·		
1020.00 May 20, 2005 Signature Date					
	David S. Sa		703-827-809		
	Typed or printed name Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
☐ Total of	forms are subn	nitted.			